

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039681

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 285

FILED NOV 12 1963

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Clinton

Length of stay in 1b

20 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

116 W Allen St

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Henry

c. CITY
OR TOWN

Clinton

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

116 W Allen St

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Charles

Middle

Milton

Last

Jenkins

4. DATE
OF DEATH

Month

Day

Year

Nov

5

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Apr 23-1923

9. AGE (last birthday)

40

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Henry Co Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Luther Jenkins

13b. MOTHER'S MAIDEN NAME

Pearl M Daugherty

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

No No

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS. ANNA HUGGINS

Address

429 E. Lincoln St.

Clinton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown Natural Causes

INTERVAL BETWEEN ONSET AND DEATH

immed.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Probable Cardiovascular accident

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from unattended to unattended and last saw her alive on unattended

Death occurred at 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

Richard H. King M.D.

(Degree or title)

Henry County Coroner

22b. ADDRESS

106 S. 3rd

Clinton Mo.

22c. DATE SIGNED

11-6-63

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-7-1963

23c. NAME OF CEMETERY OR CREMATORY

Englewood Cemetery

23d. LOCATION (City, town, or county)

Clinton Mo

(State)

24. FUNERAL DIRECTOR

Sickman-Dunning FH

ADDRESS

Clinton Mo

25. DATE RECD. BY LOCAL REG.

NOV 6, 1963

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 0426

2 0425

3

4 0

5 0

6

7 0

8 2

9 331X

10

11

12 90-0

13 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert L. Dunning

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit

Obtained

11-6-65

(M.B.)